[Original Forms]

DATE:

TITLE:

initiated for the EFT tax payments to the Office of the State Controller.

SIGNATURE:

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM

GENERAL

Please type or print clearly. Return to the Office of the State Controller at the address shown on the front of this form. Retain a copy for your file before mailing.

SECTION I

HOLDER INFORMATION: If the holder will be remitting unclaimed property, complete HOLDER INFORMATION only.

REMITTER INFORMATION: If you are an agent remitting on behalf of a single holder, complete HOLDER INFORMATION and REMITTER INFORMATION. If you are an agent remitting on behalf of more than one holder, complete REMITTER INFORMATION only.

NAMES AND ADDRESSES: Holder name is limited to seventy characters. Holder address is limited to sixty-five characters. Remitter name is limited to thirty characters. Remitter address is limited to sixty-five characters.

EFT FEIN: Enter your 9 digit EFT Federal Employer Identification Number.

BRANCH #: Enter your 5 digit branch number. If you do not have one, the SCO will provide you one for the purposes of EFT only.

REMITTER TYPE CODE: Enter your Remitter Type Code.

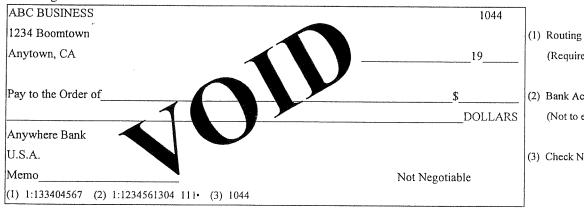
SECTIONS II AND III

COMPLETE ONE OF THESE SECTIONS:

Complete Section II if you select ACH Debit, Section III if you select ACH Credit. After making your decision, please check the appropriate box and complete every block of information for the method selected. For detailed information refer to the Electronic Funds Transfer Information Guide

If the ACH Debit method is chosen, a voided check must be attached to the completed authorization agreement. Your voided check will verify bank account and transit routing numbers.

The example of a voided check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "VOID" across the face of the check that you return with the authorization agreement.



- (1) Routing Transit Number (Required 9 digits)
- (2) Bank Account Number (Not to exceed 17 digits)
- (3) Check Number

IMPORTANT INFORMATION

- Participation in the Electronic Funds Transfer program is mandatory if your remittance is \$20,000 or greater.
- You will receive a confirmation letter from the Office of the State Controller (SCO) after approval of this agreement. The 2. confirmation letter will include your electronic funds transfer start date. No electronic funds transfer payments should be attempted before this start date. All remittances due subsequent to this start date must be made through electronic funds transfer.
- You will receive a confirmation notice from SCO identifying your change date if you request to be moved from one ACH 3. payment method to another. You must continue making your unclaimed property remittance through Electronic Funds Transfer, through the ACH payment method in use at the time of your request, until you receive a confirmation letter from SCO confirming the new payment method and the effective date of the change.

OFFICE OF THE STATE CONTROLLER

Date

AUTHORIZATION TO REMIT BY FEDWIRE
OR INTERNATIONAL FUNDS TRANSFER AND
PROJETT ATION FORM

Signature

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THIS FORM MUST BE COMPLETED AND ATTACHED TO THE REPORT

EFT DEBIT REF. NO:	HOLDER TYPE CODE:	REMITTANCE TYPE:
ANNUAL REPORT OF UNCLAIMED PEAS OF 6/30/ (OR) FISCAL YEAR END		DUE DATE
REPORT AND REMITTANCE DUE BEF	ORE NOVEMBER 1 (EX	CEPTION: LIFE INSURANCE DUE BEFORE MAY 1)]
4. EMPLOYER IDENTIFICATION	NO	BRANCH NO[SCO USE ONLY]
P.O. BOX NUMBER:		ZIP: COUNTRY:
ADDRESS INQUIRIES ON THIS I		HONE NOEXT
THE FOREGOING ADDRESS IS IN THE INCORPORATION, STATE OF	THAT OF: MAIN OFFICE #	BRANCH # DATE OF INC.://
	THOUT NAMES \$ 99 AND UNDER \$	•
TYPE OF ORGANIZATION SIC (FINANCIAL INSTITUTIONS, CH FEDERAL: DATE:		LY THE CHARTER DATE) DATE//
IF YOU ARE THE SUCCESSOR T NAME, PLEASE LIST SUCH PRICE	O A PREVIOUS HOLDER OF I OR NAME BELOW:	PROPERTY, OR IF YOU HAVE CHANGED YOUR
IF YOU ARE REPORTING FOR A INFORMATION: REPORTING AGENCY: STREET ADDRESS:		ROPERTY, PLEASE PROVIDE THE FOLLOWING
CITY:	STATE: ZIP	COUNTRY:
VERIFICATION: If made by an ind	ividual, shall be verified by the i ed association or private corpora	ndividual; if made by a partnership, by a tion, by an officer; if made by a public
d belief, the following sheets contain a full,	true and complete report of unc	ty of perjury, that, to the best of (his) (her) knowledge laimed property which is presumed unclaimed under the cing with Section 1500, and Title 2, California
GNATURE:	TITLE:	DATE:

FOR STATE CONTROLL	LR USE ONLY	REPORT NO.					
ATTACHME Yes H Boxes UCP Report Forms	NT No # of Diskettes		IT NO				
Computer Printout	# of Tapes	1	IT DATE TATE CONTROLL	ER USE ONLY			
PLEASE NOTE SEND REMIT AND / OR STO		OFFIC UNCL. P.O. B	E OF CALIFORNIA E OF THE CONTR AIMED PROPERT OX 942850 AMENTO, CA 942	ROLLER Y			
NAME AND AI	DDRESS OF HOLDER						
			11/01/98				
REMITTANCE DUE BE	FORE NOVEMBER 01, 1998			08			
THIS REMITTANCE REQUEST IN PAYMENT OF ADDITIONAL AMO	S NOT A WAIVER BY THE (DUNTS WHICH MAY BE DI	CONTROLLI	ER OF THE RIGHT	T TO DEMAND			
				OUNT			
D.	ESCRIPTION		STOCK	REMITTANCE			
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				TITLE			
IF YOU PAY A CLAIM <u>AFTER</u> AN YOU MUST FILE PROOF OF PAY THAT THE CONTROLLER STILL REGISTER STOCK TO STATE	MENT BEFORE YOU CAN I HOLDS THE FUNDS BEING	BE REIMBU G CLAIMED	RSED. BE SURE FROM YOU.	CONTROLLER TO VERIFY			
ORM UP 27 (REV. 02/98)	ORIGINAL DUPLICATE	- T	O SCO REPORT I				

TRIPLICATE

TO SCO ACCOUNTING UNIT